UNITED STATES PATENT AND TRADEMARK OFFICE

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	**Applicant(s)**
Office Action Summary	10/595,611	BUIST, MICHAEL DAVID
	Examiner	**Art Unit**	
	RAJIV J. RAJ	3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on <u>04 December 2008</u>.

2a) ☐ This action is **FINAL**.   2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) <u>1-44 and 47-76</u> is/are pending in the application.

   4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) <u>1-44 and 47-76</u> is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

   Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

   Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

   a) ☐ All   b) ☐ Some * c) ☐ None of:

   1. ☐ Certified copies of the priority documents have been received.

   2. ☐ Certified copies of the priority documents have been received in Application No. _____.

   3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

   * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08)
   Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
   Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Status of Claims

1. This action is in reply to the application filed on 04 December 2008.

2. Claims 45 & 46 have been canceled.

3. Claims 69-76 have been added.

4. Claims 21-22, 26-28, 37, 59-61 & 64 have been amended.

5. Claims 1-44 & 47-76 are currently pending and have been examined.

Priority

6. Applicant's claim for the benefit of a prior-filed application under 35 U.S.C. 119(e) or under 35

   U.S.C. 120, 121, or 365(c) is acknowledged.

Claim Objections

7. In light of canceled claims 45 & 46, the previous objection is withdrawn.

Claim Rejections - 35 USC § 101

8. 35 U.S.C. 101 reads as follows:

   Whoever invents or discovers any new and useful process, machine, manufacture, or composition of
   matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the
   conditions and requirements of this title.

9. Claims 1-44 & 71-73 are rejected under 35 U.S.C. 101 based on Supreme Court precedent, and

   recent Federal Circuit decisions, a § 101 process must (1) be tied to a machine or (2) transform

   underlying subject matter (such as an article or materials) to a different state or thing. Diamond v.

   Diehr, 450 U.S. 175, 184 (1981); Parker v. Flook, 437 U.S. 584, 588 n.9 (1978); Gottschalk v.

   Benson, 409 U.S. 63, 70 (1972); Cochrane v. Deener, 94 U.S. 780,787-88 (1876). The process

steps in claims (1-44 & 71-73) are not tied to a machine nor do they execute a transformation. Thus, they are non-statutory.

Claim Rejections - 35 USC § 112

10. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

11. In light of amendment and arguments, the previous objection of claim 15 is withdrawn.

12. Claims 18,22-24,26,29,34-41,43,44,-50, & 53-57 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

13. As per claims 18, 22-24,26,29,34-41,43,44,-50, & 53-57 the limitation "if" is a conditional statement without corresponding "else" statements. If these limitations are not performed, then there is no defined process to be performed. The examiner understands that in these claims, the open conditional language causes these limitations to be omitted.

14. Processes can be considered as a series of steps to achieve a claimed task. When executing a process, each step is performed. However, upon reaching an "IF-THEN-ELSE" logical block, each TRUE/FALSE option is equally likely. A process step that includes only an "IF-THEN" logical question means that THEN result only occurs when the answer is TRUE. An answer equally likely is FALSE and therefore the THEN result will not occur. The Examiner takes further guidance from the MPEP § 2106(II)C on how to handle these logical blocks. Specifically, "Language that suggests or makes optional but does not require steps to be performed or does not limit a claim to a particular structure does not limit the scope of a claim or claim limitation." It is the Examiner's position that when a claimed invention includes a logical block that suggests another choice (FALSE), then the resulting action is not limiting as it may never be performed.

Claim Rejections - 35 USC § 103

15. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

16. The factual inquiries set forth in *Graham* **v.** *John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1.   Determining the scope and contents of the prior art.
2.   Ascertaining the differences between the prior art and the claims at issue.
3.   Resolving the level of ordinary skill in the pertinent art.
4.   Considering objective evidence present in the application indicating obviousness or nonobviousness.

17. Claims 1,2,4, 6-8,26-27,29-32, 69-70, 73 & 75-76 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao et al. (US 2003/0120134 A1) (hereinafter Rao I) in view of Sato et al. (US 5911687) (hereinafter Sato) in further view of Condurso et al. (US 2006/0047538 A1) (hereinafter Condurso).

18. **Examiner's Note**: The Examiner has pointed out particular references contained in the prior art of record within the body of this action for the convenience of the Applicant. Although the specified citations are representative of the teachings in the art and are applied to the specific limitations within the individual claim, other passages and figures may apply. Applicant, in preparing the response, should consider fully the entire reference as potentially teaching all or part of the claimed invention, as well as the context of the passage as taught by the prior art or disclosed by the Examiner.

Claim 1

Rao I as shown, discloses the following limitations:

- *receiving patient data relating to the health of a patient;* (see at least Rao I Fig:2 Items:202,202-1,202-2,202-3,202-4,202-5,214, & related text)

- *processing said patient data to determine a risk status providing an indication of risk to the patient's health;* (see at least Rao I [0029]

Rao I does not disclose the following limitations, however Sato, as shown does:

- *selecting a health care provider to attend said patient on the basis of said risk status;* (see at least Sato Fig:7 & related text)

- *transmitting directions to respective health care provider to attend the patient;* (see at least Sato Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Rao I/Sato does not disclose the following limitations, however Condurso, as shown does:

- *wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 2

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Rao I further discloses the following limitation:

- *direction includes said risk status* (see at least Rao I [0036], Fig:3 Items:306-316 & related text)

Claim 4

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Condurso further discloses the following limitation:

- *a direction is transmitted to a health care provider in response to non-receipt of an acceptance of a previously transmitted direction from a previously directed health care provider within a corresponding time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 6

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Rao I further discloses the following limitation:

- *the corresponding time period is determined by the patient's risk status* (see at least Rao I Claim:35)

Claim 7

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Rao I further discloses the following limitation:

- *redetermining the risk status for the patient in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period, the redetermined risk status providing an indication of increased risk to the patient's health* (see at least Rao I [0036], [0041], & [0042])

Claim 8

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 7. Sato further discloses the following limitation:

- *each transmitted direction includes an indication of the corresponding risk status for the patient* (see at least Sato Fig:16 Items:S1103-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Sato into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 26

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. As per the following limitation:

- *the direction is transmitted to a first device associated with said health care provider, and the process includes transmitting said direction to a second device associated with said health care provider if said health care provider does not reply to the direction transmitted to the first device*

The Examiner notes that the *IF* logical question allows for the options either that "*health care provider does not reply to said direction*" or "*health care provider does reply to said direction*". The Examiner has chosen to interpret this limitation as though "*health care provider does reply to said direction*". The resulting "*transmitted*" step is never performed and is therefore not limiting.

Claim 27

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. As per the following limitation:

- *the direction is transmitted to at least two devices associated with said health care provider substantially at the same time if said risk status is indicative of a significant health risk to said patient*

The Examiner notes that the *IF* logical question allows for the options either that "*said risk status is indicative of a significant health risk to said patient*" or "*said risk status is not indicative of a significant health risk to said patient*". The Examiner has chosen to interpret this limitation as though "*said risk status is indicative of a significant health risk to said patient*". The resulting "*transmitted*" step is never performed and is therefore not limiting.

Claim 29

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. As per the following limitation:

- *receiving availability data indicating the availability of at least one health care provider, wherein a health care provider is selected only if said health care provider is available to attend said patient;*

The Examiner notes that the *IF* logical question allows for the options either that "*said health care provider is available to attend said patient*" or "*said health care provider is* not *available to attend said patient*". The Examiner has chosen to interpret this limitation as though "*said health care provider is* not *available to attend said patient*". The resulting "*receiving*" step is never performed and is therefore not limiting.

Claim 30

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Sato further discloses the following limitation:

- *step of selecting includes selecting a type of health care provider on the basis of said risk status;* (see at least Sato Fig:7 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Sato into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 31

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 30. Sato further discloses the following limitation:

- *the type of health care provider includes one of a nurse, a doctor, a registrar, a consultant, and a cardiac arrest response team;* (see at least Sato Fig:7 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Sato into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 32

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 31. Sato further discloses the following limitation:

- *step of selecting includes selecting a health care provider of the selected type on the basis of availability data indicating the availability of the health care provider to attend said patient;* (see at least Sato Fig:8,10,11 Items:S709-713 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Sato into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 69

Rao I as shown, discloses the following limitations:

- *receiving patient data relating to the health of a patient;* (see at least Rao I Fig:2 Items:202,202-1,202-2,202-3,202-4,202-5,214, & related text)

- *processing said patient data to determine a risk status providing an indication of risk to the patient's health;* (see at least Rao I [0029])

Rao I does not disclose the following limitations, however Sato, as shown does:

- *selecting a health care provider to attend said patient on the basis of said risk status;* (see at least Sato Fig:7 & related text)

- *transmitting directions to respective health care provider to attend the patient;* (see at least Sato Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Rao I/Sato does not disclose the following limitations, however Condurso, as shown does:

- *wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 70

Rao I as shown, discloses the following limitations:

- *receiving patient data relating to the health of a patient;* (see at least Rao I Fig:2 Items:202,202-1,202-2,202-3,202-4,202-5,214, & related text)

- *processing said patient data to determine a risk status providing an indication of risk to the patient's health;* (see at least Rao I [0029]

Rao I does not disclose the following limitations, however Sato, as shown does:

- *selecting a health care provider to attend said patient on the basis of said risk status;* (see at least Sato Fig:7 & related text)

- *transmitting directions to respective health care provider to attend the patient;* (see at least Sato Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Rao I/Sato does not disclose the following limitations, however Condurso, as shown does:

- *wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 73

The combination of Rao I/Sato disclose all the limitation of claim 43. Condurso further discloses the following limitation:

- *attending the patient requires attendance at the patient's bedside;* (see at least Condurso [0077], [0087], [0094] & [0173])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 75

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 69. Condurso further discloses the following limitation:

- *attending the patient requires attendance at the patient's bedside;* (see at least Condurso [0077], [0087], [0094] & [0173])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 76

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 70. Condurso further discloses the following limitation:

- *attending the patient requires attendance at the patient's bedside;* (see at least Condurso [0077], [0087], [0094] & [0173])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

19. Claims 43-44, are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao in view of Sato.

Claim 43

Rao I as shown, discloses the following limitation:

- *(i) determining a risk level representing a risk to a patient's health;* (see at least Rao I [0029])

Rao I does not disclose the following limitations, however Sato, as shown does:

- *(ii) selecting one of a plurality of health care providers to attend the patient on the basis of the determined risk level;* (see at least Sato Fig:7 & related text)

- *(iii) requesting the selected health care provider to attend the patient;* (see at least Sato Column:2 Lines7-31)

It would have been obvious to one of ordinary skill in the art to add the features of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Rao I & Sato teach the limitations above. As per the following limitations:

- *(iv) repeating at least steps (ii) to (iii) if the patient is not attended by the selected health care provider within a corresponding time period*

The Examiner notes that the *IF* logical question allows for the options either that *"the patient is not attended by the selected health care provider within a corresponding time period* or *"the patient is attended by the selected health care provider within a corresponding time period"*. The Examiner has chosen to interpret this limitation as though *"the patient is attended by the selected health care*

provider within a corresponding time period". The resulting *"repeating"* step is never performed and is therefore not limiting.

Claim 44

Rao I & Sato teach the limitations of claim 43. As per the following limitations:

- *the step of repeating includes repeating at least steps (i) to (iii) if the patient is not attended by the selected health care provider within a corresponding time period*

The Examiner notes that the *IF* logical question allows for the options either that *"the patient is not attended by the selected health care provider within a corresponding time period* or *"the patient is attended by the selected health care provider within a corresponding time period"*. The Examiner has chosen to interpret this limitation as though *"the patient is attended by the selected health care provider within a corresponding time period"*. The resulting *"repeating"* step is never performed and is therefore not limiting.

20. Claim 3 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in further view Rao et al. (US 2003/0120133 A1) (hereinafter Rao II).

Claim 3

The combination of Rao I/Sato/Condurso to disclose all the limitation of claim 1. Rao II further discloses the following limitation:

- *direction includes said risk status and at least part of said patient data;* (see at least Rao II Fig:3 Items:302,304,312,318 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Rao II into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more cost-efficient and effective system for monitoring and managing patients condition for improved health care. (see at least Rao II [0010])

21. Claims 25 & 28 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in further view Davis et al. (US 5544661) (hereinafter Davis).

Claim 25

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Davis further discloses the following limitation:

- *the direction is transmitted to one or more wireless devices of said health care provider;* (see at least Davis Claim:1)

It would have been obvious to one of ordinary skill in the art to add this feature of Davis into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing an efficient and effective system for tracking and addressing patients' conditions for administering improved health care. (see at least Davis Column:2 Lines:1-15)

Claim 28

The combination of Rao I/Sato/Condurso/Davis disclose all the limitation of claim 25. Rao I further discloses the following limitation:

- *said one or more wireless devices includes one or more of a telephone, a personal data assistant, and a portable computing device;* (see at least Rao I [0052])

22. Claims 5,9,13-14,16-17,19, 33-41,47-49,51,53-64, 66-68, 72 & 74 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in further view Trusheim et al. (US 6385589 B1) (hereinafter Trusheim).

Claim 5

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Trusheim further discloses the following limitation:

- *a direction is transmitted to a health care provider in response to receipt of a rejection of a previously transmitted direction from a previously directed health care provider within a corresponding time period;* (see at least Trusheim Column:4 Lines:13-34)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao

I/Sato/Condurso with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 9

The combination of Rao I/Sato/Condurso disclose all the limitation of claim 1. Trusheim further discloses the following limitation:

- *patient data includes a plurality of health parameters of said patient;* (see at least Trusheim Fig:19-23 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 13

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 9. Trusheim further discloses the following limitation:

- *processing said patient data includes processing said plurality of health parameters to determine measures of risk, and determining said risk status on the basis of said measures of risk;* (see at least Trusheim Column:3 Lines:18-28)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 14

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 13. Trusheim further discloses the following limitation:

- *said measures of risk correspond to respective health systems of said patient;* (see at least Trusheim Column:2 Lines:47-52)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 16

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 13. Trusheim further discloses the following limitation:

- *said risk status is selected from a plurality of predetermined risk status levels;* (see at least Trusheim Column:26 Lines:15-19)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 17

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 16. Trusheim further discloses the following limitation:

- *said measures of risk are selected from a plurality of predetermined risk levels;* (see at least Trusheim Column:26 Lines:15-19)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 19

The combination of Rao I/Sato/Condurso/Trusheim discloses all the limitation of claim 13. Trusheim further discloses the following limitation:

- *said risk status is determined on the basis of first rules applied to said measures of risk;* (see at least Trusheim Column:14 Lines:42-48)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 33

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 1. Trusheim further discloses the following limitation:

- *the direction transmitted to said health care provider includes an intervention activity associated with said risk status;* (see at least Trusheim Column:10 Lines:24-26 "As described above, interventions 49 may set forth several SOPs for addressing a risk situation corresponding to the hospital admission data.")

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective

system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 34

Rao I as shown, discloses the following limitations:

- *receiving patient data relating to the health of a patient;* (see at least Rao I Fig:2 Items:202,202-1,202-2,202-3,202-4,202-5,214, & related text)

- *determining a risk status of said patient based on said patient data;* (see at least Rao I [0029])

- *the first direction including the risk status of the patient;* (see at least Rao I [0036] Fig:3 Items:306-316 & related text)

Rao I does not disclose the following limitation, however Sato, as shown does:

- *transmitting a first direction to a first health care provider to attend the patient,;* (see at least Sato Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Sato does not disclose the following limitation, however Trusheim, as shown does:

- *determining whether the first health care provider confirms attendance at the patient;* (see at least Trusheim Column:4 Lines:13-26)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato. One of ordinary skill in the art would have added this feature into Rao I/Sato with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Rao I/Sato/Trusheim discloses the limitations above. As per the following limitation:

- *transmitting a second direction to a second health care provider to attend the patient if attendance by the first health care provider was not confirmed;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Trusheim with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was confirmed"*. The resulting *"transmitting"* step is never performed and is therefore not limiting.

Claim 35

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 34. As per the following limitation:

- *the second direction includes an increased risk status of the patient;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was confirmed"*. The resulting *"second direction"* is never created and is therefore not limiting.

Claim 36

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 35. Trusheim further discloses the following limitation:

- *the first direction includes a first time period for attending the patient;* (see at least Trusheim Fig:36,37 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into

Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitations above. As per the following limitation:

- *the second direction includes a second time period for attending the patient*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was confirmed"*. The resulting *"second direction"* is never created and is therefore not limiting.

Claim 37

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 36. Rao I further discloses the following limitation:

- *the first time period is associated with the determined risk status;* (see at least Rao I [0036]
  [0041] & [0042])

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitations above. As per the following limitation:

- *the second time period is associated with the increased risk status*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was confirmed"*. The resulting *"second time"* is never performed and is therefore not limiting.

Claim 38

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 36. As per the following limitation:

- *the second time period is equal to or less than the first time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was confirmed"*. The resulting *"second time period"* is never performed and is therefore not limiting.

Claim 39

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 36. Trusheim further discloses the following limitations:

- *determining whether the health care provider confirms attendance at the patient within the second period;* (see at least Trusheim Column:4 Lines:13-26)

It would have been obvious to one of ordinary skill in the art to add the features of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added these features into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

The combination of Rao I/Sato/Trusheim disclose all the limitation of claim 36. As per the following limitation:

- *transmitting a third direction to a third health care provider to attend the patient if attendance by the second health care provider was not confirmed within the second time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation to prove an improved invention for

communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period"*. The Examiner has chosen to interpret this limitation as though "*attendance by the second health care provider was not confirmed within the second time period*". The resulting *"transmitting"* step is never performed and is therefore not limiting.

Claim 40

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 39. As per the following limitation:

- *the third direction includes a further increased risk status of the patient;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period"*. The Examiner has chosen to interpret this limitation as though "*attendance by the second health care provider was not confirmed within the second time period*". The resulting *"third direction"* step is never performed and is therefore not limiting.

Claim 41

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 39. As per the following limitation:

- *the third direction includes a third time period for attending the patient, the third time period being less than the second time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period"*. The Examiner has chosen to interpret this limitation as though "*attendance by the second health care provider was not*

confirmed within the second time period". The resulting "*third direction*" step is never created and is therefore not limiting.

Claim 47

Rao I as shown, discloses the following limitations:

- *computerised means for logging patient data relating to health of said one or more patients;* (see at least Rao I Fig:1 Item:102, Fig:2 Items:202,214, & related text)

- *an administration system in communication with said computerised means and configured to determine a risk status of each of said one or more patients based on the patient data, said administration system being further configured to, for each patient;* (see at least Rao I Fig:2 Items:200,202 & related text)

Rao I does not disclose the following limitation, however Sato, as shown does:

- *transmit a first direction to a first health care provider to attend the patient, depending on the risk status of the patient;* (see at least Sato Fig:7 & related text)

   It would have been obvious to one of ordinary skill in the art to add the feature of Sato into Rao I. One of ordinary skill in the art would have added this feature into Rao I with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Sato does not disclose the following limitation, however Trusheim, as shown does:

- *determining whether the first health care provider has confirmed attendance at the patient within a first time period;* (see at least Trusheim Column:4 Lines:13-26)

   It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

The combination of Rao I/Sato/Trusheim disclose all the previous limitation of claim 47. As per the following limitation:

- *transmit a second direction to a second health care provider to attend the patient within a second time period if attendance by the first health care provider was not confirmed;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was not confirmed"*. The resulting *"transmit"* step is never performed and is therefore not limiting.

Claim 48

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. As per the following limitation:

- *the second time period is equal to or less than the first time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was not confirmed"*. The resulting *"second time period"* is never performed and is therefore not limiting.

Claim 49

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Trusheim further discloses the following limitation:

- *the first directions are effected by automatic transmission of a message to portable electronic devices associated with the respective first or second health care providers;* (see at least Trusheim Claim:1)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim im with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was not confirmed"*. The resulting *"second direction"* is never created and is therefore not limiting.

Claim 51

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Trusheim further discloses the following limitation:

- *the patient data includes data relating to a plurality of health parameters;* (see at least Trusheim Fig:19-23 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 53

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Rao I further discloses the following limitation:

- *the first directions include information concerning the risk status of the patient;* (see at least Rao I [0036] Fig:3 Items:306-316 & related text)

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first health care provider was not confirmed"*. The resulting *"second direction"* is never created and is therefore not limiting.

Claim 54

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. As per the following limitation:

- *the third time period is equal to or less than the second time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period"*. The Examiner has chosen to interpret this limitation as though *"attendance by the second health care provider was not confirmed within the second time period"*. The resulting *"second and third time periods"* are never performed and therefore are not limiting.

Claim 55

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. As per the following limitation:

- *the administration system increases the risk status of the patient if it determines that the first health care provider has not confirmed attendance at the patient within the first time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"determines that the first health care provider has not confirmed attendance at the patient within the first time period"* or *"determines that the first health care provider has confirmed attendance at the patient within the*

first time period". The Examiner has chosen to interpret this limitation as though *"determines that the first health care provider has not confirmed attendance at the patient within the first time period".* The resulting *"increases"* step is never performed and is therefore not limiting.

Claim 56

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Condurso further discloses the following limitation:

- *the administration system is further configured to determine whether the second health care provider has confirmed attendance at the patient within the second time period and to transmit a third direction to a third health care provider to attend the patient within a third time period if attendance by the second health care provider was not confirmed within the second time period;* (see at least Condurso [0021])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period".* The Examiner has chosen to interpret this limitation as though *"attendance by the second health care provider was not confirmed within the second time period".* The resulting *"configuring & confirming"* steps are never performed and are therefore not limiting.

Claim 57

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 56. As per the following limitation:

- *the third time period is equal to or less than the second time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the second health care provider was not confirmed within the second time period"* or *"attendance by the second health care provider was confirmed within the second time period"*. The Examiner has chosen to interpret this limitation as though *"attendance by the second health care provider was not confirmed within the second time period"*. The resulting *"third time period"* is never performed and is therefore not limiting.

Claim 58

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Trusheim further discloses the following limitation:

- *the computerised means include a plurality of computerised devices networked with, but located remotely from, the administration system;* (see at least Sato Fig:1 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Sato into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 59

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Trusheim further discloses the following limitation:

- *wherein each computerised device is located nearby the one or more patients;* (see at least Sato Fig:1 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Sato into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 60

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Rao I further discloses the following limitation:

- *the computerised means is a wireless handheld device;* (see at least Rao I [0052])

Claim 61

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Rao I further discloses the following limitation:

- *the computerised means includes a personal computer with appropriate input means for logging the patient data;* (see at least Rao I [0052])

Claim 62

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Trusheim further discloses the following limitation:

- *the administration system includes a centralised server having a risk assessment module for determining the risk status and a communications module for transmitting directions to health care providers;* (see at least Trusheim Fig:32 Item:135 Fig:33 Items:50-55 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Claim 63

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Rao I further discloses the following limitation:

- *directions to the health care provider are transmitted to at least two contact devices of the health care provider;* (see at least Rao I [0022])

Claim 64

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 63. Rao I further discloses the following limitation:

- *a direction to the health care provider is transmitted to at least two contact devices of the health care provider substantially at the same time;* (see at least Rao I [0022])

Claim 66

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Rao I further discloses the following limitation:

- *the administration system is configured to transmit directions to respective health care providers to attend the patient, wherein a direction is transmitted to a health care provider in response to non-receipt of a confirmation that a previously directed health care provider has attended the patient within a corresponding time period;* (see at least Rao I Fig:2 & related text)

Claim 67

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 66. Rao I further discloses the following limitation:

- *the administration system is further configured to re-determine the risk status of the patient in response to non-receipt of said confirmation, the redetermined risk status providing an indication of increased risk to the patient's health due to non-attendance of a health care provider at the patient;* (see at least Rao I Fig:2 & related text)

Claim 68

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 67. Trusheim further discloses the following limitation:

- *the administration system is further configured to select a further one of the health care providers on the basis of the redetermined risk status, and to transmit a directions to the selected health care provider to attend the patient;* (see at least Sato Fig:7 Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Sato into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao

I/Sato/Condurso/Trusheim with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Claim 72

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 34. Condurso further discloses the following limitation:

- *attending the patient requires attendance at the patient's bedside;* (see at least Condurso [0077], [0087], [0094] & [0173])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

Claim 74

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Condurso further discloses the following limitation:

- *attending the patient requires attendance at the patient's bedside;* (see at least Condurso [0077], [0087], [0094] & [0173])

It would have been obvious to one of ordinary skill in the art to add the feature of Condurso into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation to prove an improved invention for communicating, managing, and monitoring health care to patients. (see at least Condurso [0019]-[0032])

23. Claim 10 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in further view Nevin et al. (US 2003/0130873 A1) (hereinafter Nevin).

Claim 10

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 9. Nevin further discloses the following limitation:

- *said risk status is determined on the basis of said plurality of health parameters and a not for-resuscitation (NFR) status of said patient;* (see at least Nevin [0126])

It would have been obvious to one of ordinary skill in the art to add this feature of Nevin into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a system and method for managing patient medical data for administering higher quality and more cost-efficient healthcare. (see at least Nevin [0020])

24. Claims 11,12,15, & 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in further view Slotman (US 2002/0150957 A1) (hereinafter Slotman).

Claim 11

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 9. Slotman further discloses the following limitation:

- *said risk status is determined on the basis of said plurality of health parameters and one or more co-morbidity factors;* (see at least Slotman [0044])

It would have been obvious to one of ordinary skill in the art to add this feature of Slotman into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a process for improved triaging of patients, based on their current conditions, so as to administer improved medical treatment and more accurately monitor patients' condition. (see at least Slotman [0022])

Claim 12

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 9. Slotman further discloses the following limitation:

- *said plurality of health parameters includes at least two of blood pressure, heart rate, respiration rate, oxygen saturation, consciousness level, urine output, temperature, level of consciousness and pain score;* (see at least Slotman [0050])

It would have been obvious to one of ordinary skill in the art to add this feature of Slotman into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a process for improved triaging of patients, based on their current conditions, so as to administer improved medical treatment and more accurately monitor patients' condition. (see at least Slotman [0022])

Claim 15

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 14. Slotman further discloses the following limitation:

- *said health systems of said patient include neurological, respiratory, cardiovascular, urinary, and temperature health systems;* (see at least Slotman [0098])

It would have been obvious to one of ordinary skill in the art to add this feature of Slotman into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a process for improved triaging of patients, based on their current conditions, so as to administer improved medical treatment and more accurately monitor patients' condition. (see at least Slotman [0022])

Claim 20

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 19. Slotman further discloses the following limitation:

- *the measures of risk are determined on the basis of second rules applied to at least some of said health parameters;* (see at least Slotman [0073])

It would have been obvious to one of ordinary skill in the art to add this feature of Slotman into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a process for improved triaging of

patients, based on their current conditions, so as to administer improved medical treatment and more accurately monitor patients' condition. (see at least Slotman [0022])

25. Claim 21 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in view of Slotman in further view Shen (US 2003/0212580 A1) (hereinafter Shen).

Claim 21

The combination of Rao I/Sato/Condurso/Trusheim/Slotman disclose all the limitation of claim 20. Shen further discloses the following limitation:

- *said first rules and said second rules are configurable by a user;* (see at least Shen [0045] & [0046])

It would have been obvious to one of ordinary skill in the art to add this feature of Shen into Rao I/Sato/Condurso/Trusheim/Slotman. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim/Slotman with the motivation of improving patient risk-assessment to provide more accurate reading of patients' condition resulting in more effective medical treatment. (see at least Shen [0017])

26. Claims 18 & 22-24 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in further view Karpf (US 2003/0110410 A1) (hereinafter Karpf).

Claim 18

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 17. Karpf further discloses the following limitations:

- *if one or more of said measures of risk is equal to the highest of said plurality of predetermined risk levels, then selecting said risk status as the highest of said plurality of predetermined risk status levels;* (see at least Karpf [0115])

- *otherwise, if two or more of said measures of risk are greater than the lowest of said plurality of predetermined risk levels, then selecting said risk status as the highest of said two or more measures of risk, and incrementing said risk status by one level unless said risk status is equal to the highest of said plurality of predetermined risk levels;* (see at least Karpf [0115])

It would have been obvious to one of ordinary skill in the art to add the features of Karpf into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added the features into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more efficient and accurate process for patient risk-assessment. (see at least Karpf [0005])

Claim 22

The combination of Rao I/Sato//Condurso/Trusheim/Karpf disclose all the limitation of claim 18. As per the following limitation:

- *said determining further includes incrementing said risk status by one level if a selected health care provider has not attended the patient within the corresponding time period;*

The Examiner notes that the *IF* logical question allows for the options either that *"the selected health care provider has not responded to said directions"* or *"the selected health care provider has responded to said directions"*. The Examiner has chosen to interpret this limitation as though "the selected health care provider has responded to said directions". The resulting "*incrementing*" step is never performed and is therefore not limiting.

Claim 23

The combination of Rao I/Sato//Condurso/Trusheim/Karpf disclose all the limitation of claim 22. As per the following limitation:

- *said determining further includes limiting the level of said risk status to less than the highest of said plurality of predetermined risk levels unless the patient is experiencing a life-threatening event;*

The Examiner notes that the *UNLESS* logical question allows for the options either that *"the patient is experiencing a life-threatening event"* or *"the patient is not experiencing a life-threatening*

event". The Examiner has chosen to interpret this limitation as though *"the patient is experiencing a life-threatening event"*. The resulting *"limiting"* step is never performed and is therefore not limiting.

Claim 24

The combination of Rao I/Sato//Condurso/Trusheim/Karpf disclose all the limitation of claim 22 As per the following limitation:

- *determining further includes limiting the level of said risk status to less than the highest of said plurality of predetermined risk levels if the patient is subject to a not-for-resuscitation order, even if the patient is experiencing a life-threatening event;*

The Examiner notes that the *IF* logical question allows for the options either that *"the patient is subject to a not-for-resuscitation order"* or *"the patient is* not *subject to a not-for-resuscitation order"*. The Examiner has chosen to interpret this limitation as though *"the patient is* not *subject to a not-for-resuscitation order"*. The resulting *"limiting"* step is never performed and is therefore not limiting.

27. Claims 50, 52 & 65 are rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in further view Davis.

Claim 50

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 49. As per the following limitation:

- *the first directions are transmitted as wireless communications;* (see at least Davis Claim:1)

It would have been obvious to one of ordinary skill in the art to add this feature of Davis into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing an efficient and effective system for tracking and addressing patients' conditions for administering improved health care. (see at least Davis Column:2 Lines:1-15)

The Examiner notes that the *IF* logical question allows for the options either that *"attendance by the first health care provider was not confirmed"* or *"attendance by the first health care provider was confirmed"*. The Examiner has chosen to interpret this limitation as though *"attendance by the first*

health care provider was not confirmed". The resulting "*second direction*" is never created and is therefore not limiting.

Claim 52

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Davis further discloses the following limitation:

- *the first direction is only transmitted when the risk status is equal to or above a threshold level;* (see at least Davis Fig:3 Items:303-306 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Davis into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing an efficient and effective system for tracking and addressing patients' conditions for administering improved health care. (see at least Davis Column:2 Lines:1-15)

Claim 65

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 47. Davis further discloses the following limitation:

- *the direction is in the form of a recorded voice message directed to a telephone number associated with the health care provider;* (see at least Davis Fig:3 Items:304-306 Fig:4 Items:401-403 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature of Davis into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing an efficient and effective system for tracking and addressing patients' conditions for administering improved health care. (see at least Davis Column:2 Lines:1-15)

28. Claim 42 is rejected under 35 U.S.C. 103(a) as being unpatentable over Rao I in view of Sato in view of Condurso in view of Trusheim in further view of Bowman et al. (US 4291692) (hereinafter Bowman).

Claim 42

The combination of Rao I/Sato/Condurso/Trusheim disclose all the limitation of claim 34. Rao I further discloses the following limitation:

- *(ii) re-determining the risk status of the patient, the redetermined risk status providing an indication of increased risk to the patient's health due to non-attendance of a health care provider at the patient;* (see at least Rao I [0036],[0041], &[0042])

Rao I/Sato/Condurso/Trusheim does not disclose the following limitations, however Sato, as shown does:

- *(iii) selecting a further one of a plurality of health care providers on the basis of the redetermined risk status;* (see at least Sato Fig:7 & related text)

- *(iv) transmitting a direction to the selected health care provider to attend the patient;* (see at least Sato Fig:16 Items:S1101-1111 & related text)

It would have been obvious to one of ordinary skill in the art to add the features of Sato into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added these features into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more efficient and comprehensive system for facilitating and administering health care to patients. (see at least Sato Column:2 Lines:1-6)

Rao I/Sato/Condurso/Trusheim does not disclose the following limitation, however Trusheim, as shown does:

- *(i) determining whether the most recently directed health care provider confirms attendance at the patient within a corresponding time period;;* (see at least Trusheim Column:4 Lines:13-26)

It would have been obvious to one of ordinary skill in the art to add this feature of Trusheim into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more cost-efficient and effective system for monitoring patients and the care they are receiving, so as to administering treatments that are the most effective while avoiding waste of resources. (see at least Trusheim Column:2 Lines:50-67)

Rao I/Sato/Condurso/Trusheim do not disclose the following limitation, however Bowman, as shown does:

- *(v) repeating steps (i) to (iv) until attendance by a health care provider at the patient is confirmed*

It would have been obvious to one of ordinary skill in the art to add this feature of Bowman into Rao I/Sato/Condurso/Trusheim. One of ordinary skill in the art would have added this feature into Rao I/Sato/Condurso/Trusheim with the motivation of providing a more accurate and effective system for measuring patients' medical condition in real time. (see at least Bowman Column:3 Lines:25-45)

Response to Arguments

29. Applicant's arguments filed 04 December 2008 have been fully considered but those not addressed above are not persuasive.

30. As per Applicant's argument regarding the 35 U.S.C. 112 rejection of claims 18, 22-24, 26, 29, 34-41, 43-50 & 53-57, Examiner respectfully disagrees with Applicant's argument and maintains this rejection. Applicant argues that the use of "if"/"then" language does not render an "optional" result. Examiner respectfully disagrees, pointing out that Applicant does not address what occurs what occurs in the alternative. In other words Applicant fails to address what happens if the "if" condition does NOT occur, only what happen if the "if" condition does occur. As an example, Examiner points to claim 22 which claims that "if a selected health care provider has not attended to the patient within a particular time period, then the risk status must be incremented by one level". However the application does not address what happens if a selected health care provider *has* attended to the patient within a particular time period", thus the Applicant has failed to address what occurs in the alternative.

31. Further, in response to Applicant's argument that the "result is not optional", in regards to claims 18, 22-24, 26, 29, 34-41, 43-50 & 53-57, Examiner respectfully disagrees, as the claims are currently written. If the Applicant intends this limitation to be read as "not optional" then Examiner recommends Applicant amend the language. For example, replacing the word "if" with "when" would help achieve the Applicant's goal of making such claim language "not optional".

32. Applicant's arguments with respect to claims relying "on an interpretation of items S1101-1111 of

Figure 16" have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

Any inquiry of a general nature or relating to the status of this application or concerning this communication or

earlier communications from the Examiner should be directed to **Rajiv J. Raj** whose telephone number is

(571) 270-3930. The Examiner can normally be reached on Monday-Friday, 7:30am-5:00pm. If attempts to

reach the examiner by telephone are unsuccessful, the Examiner's supervisor, **Jerry O'Connor** can be

reached at **571.272.6787**.

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